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Bib Data Sheet

CONFIRMATION NO. 4569

|   |  |                                   |   |                                |
|---|--|-----------------------------------|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/686,929  | <b>FILING OR 371(c)<br/>DATE</b><br>10/15/2003<br><b>RULE</b>  | <b>CLASS</b><br>424               | <b>GROUP ART UNIT</b><br>1618   | <b>ATTORNEY DOCKET<br/>NO.</b> |
| <b>APPLICANTS</b><br>Christopher H. Porter, Woodenville, WA;<br>Robert Ziebol, Blaine, MN;                    |  |                                   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/418,251 10/15/2002                         |  |                                   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |  |                                   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>01/16/2004   |  |                                   |   |                                |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged                      | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR<br/>COUNTRY</b><br>WA | <b>SHEETS<br/>DRAWING</b><br>2  | <b>TOTAL<br/>CLAIMS</b><br>31  |
| <b>INDEPENDENT<br/>CLAIMS</b><br>4  |  |                                   |   |                                |
| <b>ADDRESS</b><br>Christopher Porter<br>Medical Genesis, Inc.<br>19756 NE 127th Place<br>Woodinville, WA98072 |  |                                   |   |                                |
| <b>TITLE</b><br>Polymeric materials for site specific delivery to the body                                    |  |                                   |   |                                |
| <b>FILING FEE<br/>RECEIVED</b><br>2302  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |